

EXHIBIT J

| COMPLAINT - FOLLOW UP INFORMATIONAL | | | | | | | | | | PAGE 1 OF 1 | |
|--|--|--|--|--|--|--|--|--|--|---|--|
| PD 313 061A (Rev. 4-89)-31 | | | | | | | | | | Investigate Suspicious Device | |
| Date of Orig. Report | | Date Assigned | | Case No. | | Unit reporting | | Pct. | | OCCB No. | |
| 6/25/2006 | | 6/25/2006 | | 1273 | | 019PDS | | 019 | | 0035 | |
| Complainant's Name - Last, First, M.I. | | | | | | | | | | Date of This Report | |
| Starbuck's | | | | | | | | | | 6/25/2006 | |
| Victim's Name - If Different | | | | | | | | | | Follow-Up No. | |
| Last Name, First, M.I. | | | | | | | | | | Address, include City, State, Zip | |
| | | | | | | | | | | 1126 3rd Avenue NY NY 10021 | |
| Home Telephone | | Business Telephone | | Position / Relationship | | Sex | | Race | | Date of Birth | |
| | | 212-472-6586 | | | | | | | | | |
| Total No. of Perpetrators | | Wanted | | Arrested | | Weapon | | Describe Weapon (If firearm, give color, make, caliber, type, model, etc.) | | | |
| 01 | | 00 | | 00 | | Used <input type="checkbox"/> Possessed <input type="checkbox"/> | | | | | |
| Wanted | | Arrested | | Last Name, First, M.I. | | Address, include City, State, Zip | | Apt. No. | | Res. Pct. | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | |
| Sex | | Race | | Date of Birth | | Age | | Height | | Weight | |
| M | | WH | | | | 39 | | 5' 9" | | 170 | |
| Eye Color | | Hair Color | | Hair Length | | Facial Hair | | NYSD No. | | | |
| BLK | | Long | | None | | | | | | | |
| <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses | | Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details") | | | | | | | | | |
| | | Tie Dye Shirt Kackie Pants | | | | | | | | | |
| Nicknames, First Name, Alias | | | | | | | | | | | |
| Wanted | | Arrested | | Last Name, First, M.I. | | Address, include City, State, Zip | | Apt. No. | | Res. Pct. | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | |
| Sex | | Race | | Date of Birth | | Age | | Height | | Weight | |
| | | | | | | | | | | | |
| Eye Color | | Hair Color | | Hair Length | | Facial Hair | | NYSD No. | | | |
| | | | | | | | | | | | |
| <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses | | Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details") | | | | | | | | | |
| | | | | | | | | | | | |
| Nicknames, First Name, Alias | | | | | | | | | | | |
| AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS" | | | | | | | | | | | |
| Comp. Interviewed | | In Person | | By Phone | | Date | | Time | | Results: Same as Comp Report - Different (Explain in Details) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | |
| Witness Interviewed | | In Person | | By Phone | | Date | | Time | | Results: Same as Comp Report - Different (Explain in Details) | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | | 6/25/2006 | | 2:00 | | <input checked="" type="checkbox"/> | |
| Carnage Conducted | | If Yes - Make Entry in Body No: Time, Date, Name, Address, Results | | Carnage Scene Validated | | If Yes - Make Entry in Body No: Time, Date, Evidence Obtained | | | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| Complainant Viewed Photos | | Results: | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future | | | | | | | | | | | |
| Witness Viewed Photos | | Results: | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future | | | | | | | | | | | |
| Crime Scene Detailed | | By (Enter Results in Details) | | Crime Scene Photos | | By (Enter Results in Details) | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| If Closing Case "No Results," Check Appropriate Box and State Justification in Details: <input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leader" Exhausted | | | | | | | | | | | |
| DETAILS: INVESTIGATION; INVESTIGATE SUSPICIOUS DEVICE SUBJECT; RESPONSE TO SCENE; CONFER WITH BOMB SQUAD; INTELLIGENCE DIVISION; CANVASS CASE; ACTIVE | | | | | | | | | | | |
| 1. On this date I was notified by 19th Pct patrol of a suspicious package located at 1126 3rd ave in the confines of the 19th Pct. I responded to the location at approx 2300 hours which was a Starbuck's Coffee Shop. A crime scene was established and the Bomb Squad did respond to the location. After conducting an investigation of the device, it was deemed to be a Hoax Device by the Bomb Squad. I spoke to Sgt. Houshian of the Bomb Squad who informed me that the device contained no explosive material, but was constructed in a manner that would cause public alarm. | | | | | | | | | | | |
| 2. I spoke to Detective Seibold of the Intelligence Division who stated that they would assist in the investigation and that Crime Scene would respond to the location. | | | | | | | | | | | |
| 3. Crime Scene responded to the location and I conferred with Detective Entenmann who was assigned this case under Run # 06-677. The Hoax device was photographed and packaged by Detective Entenmann and turned over to P.O. Trancho of the Bomb Squad who then transported the device to be vouchered and then sent to the Lab for analysis. | | | | | | | | | | | |
| 4. I conducted a canvass on the area around the area of the Starbuck's Coffee Shop for Video/CCTV with negative results. | | | | | | | | | | | |
| CASE: ACTIVE | | | | | | | | | | | |
| CASE | | DATE REVIEWED / CLOSED | | IF ACTIVE, DATE OF NEXT REVIEW | | | | | | | |
| <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED | | | | | | | | | | | |
| REPORTING OFFICER | | RANK | | SIGNATURE | | NAME PRINTED | | TAX REC. NO. | | COMMAND | |
| Goetz | | DET | | <i>Sten Goetz</i> | | Goetz | | | | 019PDS | |
| REVIEWING / CLOSING SUPERVISOR | | CASE | | ENTER DESTINATION | | SIGNATURE | | C.O.'S INITIALS | | | |
| | | CLOSED: | | C | | | | | | | |

LONG PINK